



2010-11 California Children's Services Report



California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division

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Healthy Families Program (HFP)

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, and cost effective health care services to improve the health of Californians.

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Executive Summary

Introduction

The California Children's Services (CCS) Report for the Healthy Families Program (HFP) presents information on health, dental, and vision services that were provided to HFP children by the CCS Program from October 1, 2010 to September 30, 2011 (Benefit Year 2010-2011). Each benefit year, 31 HFP contracted plans are required to report information regarding the number of children the plan referred to CCS for assessment and possible treatment of serious and/or chronic conditions. This report contains information on 28 health and dental plans. Vision plans reported no referrals or active CCS cases and are not included in this report.

In addition to plan data, the Managed Risk Medical Insurance Board (MRMIB) obtains CCS enrollment and expenditure data from the Department of Health Care Services (DHCS), Children's Medical Services Branch (CMS), including:

- Number of referrals plans made to county CCS programs in Benefit Year 2010-2011;
- Number of active HFP/CCS cases by plan;
- Predominant conditions of HFP children served by CCS; and,
- Cost of providing care to HFP children.

MRMIB also tracks trends in costs and services provided to HFP children with CCS-eligible conditions to ensure that children are receiving all covered medically necessary services.

Background

The CCS Program provides services to children with certain health conditions such as diabetes, nerve and heart diseases, and congenital birth defects. CCS arranges, directs, and pays for medical services, equipment, and rehabilitation services

provided by CCS-approved specialists for the treatment of CCS conditions.

CCS is a statewide program operated by each county under the oversight of the DHCS. CCS is supported by county, state, and federal funds.

Children who are eligible for CCS must have a CCS-eligible condition and are either:

- Enrolled in HFP;
- Enrolled in Medi-Cal; or,
- California residents under age 21 with an annual household income of \$40,000 or less.

HFP plans are required to refer a child to the CCS county program if the plan suspects the child could be eligible for CCS services. Once CCS determines whether a child has a CCS-eligible condition and CCS is providing services to the child, all services and care associated with the child's CCS condition and authorized by CCS are delivered by CCS-approved providers outside of the child's HFP health or dental plan and its network. This is known as the CCS "carve-out."

The child's HFP plan is responsible for providing all other necessary covered health, dental, and vision care not provided by CCS.

Summary of Findings

Analysis of data submitted by health and dental plans, DHCS and CCS revealed several key findings, which are highlighted below.

- In 2010-11, HFP plans referred 16,799 children, or nearly two percent (1.9%) of total enrollment, to CCS. This was less than in 2009-10 when 18,480, or slightly more than two percent (2.1%) were referred.

Executive Summary

- CCS accepted the majority (81%) of referrals made by HFP plans.
- The majority of HFP children referred to CCS were over age ten.
- At the end of the benefit year, there were 27,996 active CCS cases, or slightly more than three percent (3.2%) of HFP enrollment. This was slightly less than at the end of the 2009-10 benefit year when 28,562 children, or slightly more than three percent (3.3%), were receiving services.
- While caseload decreased slightly, annual expenditures for HFP enrolled CCS children increased significantly from approximately \$137 million in 2009-10 to \$215 million in 2010-11, an increase of 57 percent.
- HFP children represent 13 percent of the overall CCS population, but only account for ten percent of total CCS expenditures.
- The average annual cost of HFP enrolled CCS children increased from an average of \$5,130 in 2009-10 to \$8,707 in 2010-11, an increase of 70 percent.
- While the average cost per HFP enrolled child increased to nearly \$9,000 per child in 2010-11, this is significantly lower than comparable cost for Medi-Cal enrolled children receiving CCS services, who averaged \$14,083.
- Four categories of medical service expenditures increased by 100 percent or more since 2009-2010, including:
 - Anemias increased by 373 percent;
 - Hemoglobinopathies increased by 331 percent;
 - Cystic fibrosis increased by 105 percent; and,
 - Head injury/skull fracture increased by 102 percent.

- The top five medical conditions by expenditures are:
 - Other conditions (miscellaneous);
 - Malignancies;
 - Coagulation disorders;
 - Prematurity/live birth; and,
 - Cardiac.

Conclusion

Overall, HFP plans and CCS continue to address the medical needs of HFP enrolled CCS children. As noted before, CCS has expended over \$1 billion on services since 2000. This expense would have been incurred by HFP plans if not for the CCS carve-out. MRMIB will continue to monitor the delivery of services through the CCS program to ensure children are receiving the necessary referrals and services.

The 2012-2013 California State budget included a provision to transfer HFP children to Medi-Cal beginning no sooner than January 2013. MRMIB plans to collect data for the 2011-12 benefit year from the participating plans and to report the data in 2013.

About the CCS Program

The California Children's Services (CCS) Program

The CCS Program provides services under Title V of the Social Security Act, which mandates the provision of care to children with special health care needs. This includes children with certain health conditions such as diabetes, nerve and heart diseases, and congenital birth defects. CCS arranges, directs, and pays for medical services, equipment, and rehabilitation services provided by CCS-approved specialists for the treatment of CCS conditions.

CCS is a statewide program operated by each county under the oversight of the DHCS. CCS is supported by county, state, and federal funds. County CCS programs provide the following services:

- Assist children and families in navigating the CCS system;
- Authorize services, claims approval and processing;
- Provide information on client eligibility status to the counties; and,
- Assist providers to obtain CCS-approved status.

Statute and regulations¹ governing the HFP program require that HFP contracted plans refer a child to the CCS county program if the plan suspects the child could be eligible for CCS services. CCS then determines whether a child has a CCS-eligible condition. Once a child is determined eligible for CCS and CCS is providing services to the child, all services and care associated with the child's CCS condition and authorized by CCS are delivered by CCS-approved providers outside of the child's HFP health or dental plan and its network. This is known as the CCS "carve-out."

The child's HFP contracted plan continues to be responsible for

covering all other necessary health, dental, and vision care not covered and provided by CCS.

Who qualifies for CCS services?

Children who meet one of the following conditions will be eligible to receive CCS services:

- Any HFP enrolled child with a CCS eligible condition;
- Any Medi-Cal enrollee with a CCS eligible condition;
- Other California children who meet the medical, residential, and financial eligibility requirements of CCS, including:
 - Have a CCS eligible condition;
 - Are under 21 years of age;
 - Family income of \$40,000 or less;
 - Out of pocket medical expenses expected to be more than 20 percent of family income; and are,
 - A California resident.

¹ California Insurance Code Section 12693 et.seq.and Title 10 of the California Code of Regulations.

About the CCS Program

CCS Eligible Conditions

CCS eligible conditions include the following:

- Conditions involving the heart (e.g., congenital heart diseases, rheumatic heart disease);
- Neoplasms (e.g., cancer, tumors);
- Blood/coagulation disorders (e.g., Hemophilia A and B, sickle cell anemia);
- Disorders of the respiratory system (e.g., cystic fibrosis, chronic lung disease);
- Disorders of the genito-urinary system (e.g., serious kidney problems);
- Endocrine, nutritional, and metabolic disorders (e.g., thyroid problems, PKU, diabetes);
- Disorders of the gastrointestinal system (e.g., chronic inflammatory disease, diseases of the liver such as biliary atresia);
- Serious birth defects (e.g., cleft lip/palate, spina bifida);
- Disorders of the sense organs (e.g., hearing loss, glaucoma and cataract);
- Disorders of the nervous system (e.g., cerebral palsy, uncontrolled seizures);
- Disorders of the musculoskeletal system and connective tissues (e.g., rheumatoid arthritis, muscular dystrophy);
- Severe disorders of the immune system (e.g., HIV infection);
- Disabling conditions or poisonings requiring intensive care or rehabilitation (e.g., severe head, brain, or spinal cord injuries, severe burns);
- Complications of premature birth requiring an intensive level of care;

- Disorders of the skin and subcutaneous tissue (e.g., severe hemangioma); and,
- Medically handicapping malocclusion (e.g., severely crooked teeth).

CCS Services

CCS covers all medically necessary services and treatment for the child's CCS condition, including:

- Physician services;
- Emergency services;
- Inpatient and outpatient hospital services;
- Home health care;
- Prescription medications;
- Diagnostic services such as laboratory tests and x-rays;
- High-risk infant follow-up; and,
- Orthopedic appliances and durable medical equipment.

CCS provides medical case management, including:

- Assistance obtaining specialty care;
- Referral to other agencies including public health nurses and regional centers;
- Coordination of specialty care center services for complex medical conditions that require many specialists working together;
- Arranging for physical therapy and/or occupational therapy in public schools;
- Other services to help parents and children such as counseling, transportation to medical appointments,

About the CCS Program

lodging and meals, where appropriate; and,

- Other medical services when determined by the CCS Program to be medically necessary.

Funding

Funding for CCS services provided to HFP subscribers come from a combination of federal, state and county funds. The proportion of funding from each source varies based on the family's income level.

Coordination between CCS and HFP Plans

HFP health, dental, and vision plans enter into a Memorandum of Understanding (MOU) with each county's CCS program in which the plan serves HFP subscribers.

The MOU describes the plan and county CCS program responsibilities in the following areas:

- Designation of plan and county liaisons;
- Communication process;
- Process for making referrals to CCS;
- Case management; and,
- Problem resolution.

To facilitate clear communication and address systemic issues, MRMIB hosts workgroup meetings with county CCS programs, the state CCS Program, and HFP plans. The meetings ensure that HFP children get the services and treatment they need for their CCS conditions.

In addition, when complaints are received, MRMIB staff work with HFP subscribers, counties, and plans to resolve the complaints and ensure that medically necessary covered services are properly provided.

CCS Referrals

**Chart 1. HFP Plan Referrals
2007 - 2011**

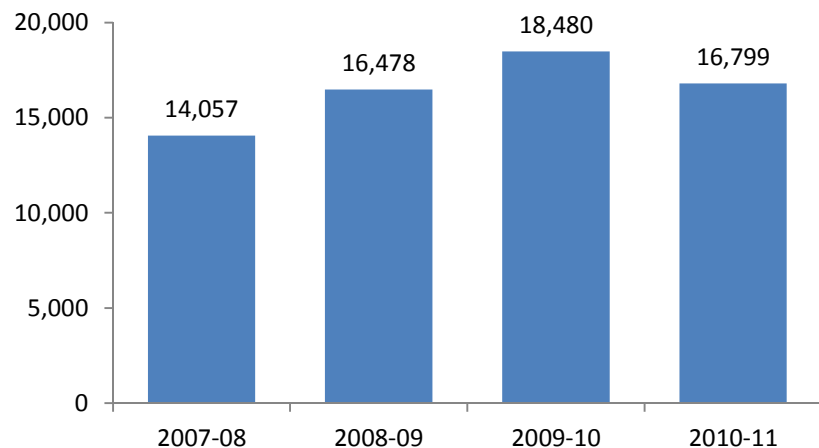
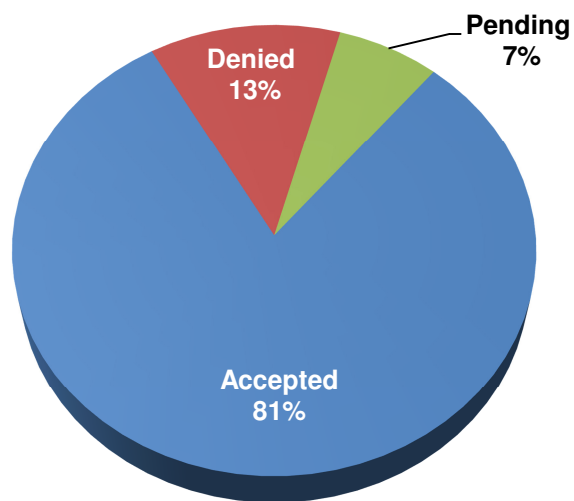


Chart 2. Referral Status



Key Findings

- For the 2010-11 benefit year, HFP participating health plans referred 16,799 HFP children to CCS. This was a decrease from 2009-10 when 18,480 referrals were made.
- HFP referrals to CCS accounted for less than two percent (1.9%) of total enrollment.
- Health plans referred the majority (14,550) of children, while dental plans referred 2,249.
- Of the 16,799 referrals made in 2010-11 by HFP plans, 81 percent were accepted by CCS. This is comparable to last year when 82 percent were accepted and continues the upward trend from the prior two years when slightly more than 70 percent were approved.
- Over 65 percent of referrals were for children over the age of ten, with 41 percent between ages 14 to 18.

Active CCS Cases

Table 1. Active CCS Cases by Plan, September 30, 2011

Plan Name	Active CCS Cases	Enrollment	Percentage of Enrollment
CenCal Health	431	8,760	4.9%
Health Net HMO	5,407	136,195	4.0%
Alameda Alliance for Health	418	10,869	3.8%
Ventura County Health Care Plan	349	10,983	3.2%
Health Plan of San Mateo	179	6,035	3.0%
Cal Optima	1,080	37,734	2.9%
Blue Shield HMO	827	29,713	2.8%
Community Health Group	598	24,644	2.4%
Health Net EPO	35	1,560	2.2%
Blue Shield EPO	110	5,280	2.1%
Inland Empire Health Plan	1,205	58,212	2.1%
San Francisco Health Plan	152	7,474	2.0%
Kaiser Foundation Health Plan	3,408	184,885	1.8%
Community Health Plan	246	13,432	1.8%
Molina Healthcare	543	34,812	1.6%
Contra Costa Health Services	81	5,196	1.6%
Santa Clara Family Health Plan	194	17,624	1.1%
Central Coast Alliance for Health	199	22,500	0.9%
LA Care	99	11,268	0.9%
Kern Family Health Care	90	11,050	0.8%
Anthem Blue Cross EPO	563	72,639	0.8%
Anthem Blue Cross HMO	521	122,299	0.4%
Health Plan of San Joaquin	58	24,859	0.2%
Care 1st Health Plan	15	12,563	0.1%
Partnership Health Plan	0	1,105	0.0%
Health Plan Totals	16,808	871,691	1.9%
Health Net Dental	9,971	150,401	6.6%
Western Dental Services	586	122,072	0.5%
Safeguard Dental	562	141,782	0.4%
Delta Dental	69	261,585	0.0%
Access Dental	0	170,581	0.0%
Premier Access Dental	0	25,270	0.0%
Dental Plan Totals	11,188	871,691	1.3%

Key Findings

- As of September 30, 2011, there were 27,996 active CCS cases for HFP children, representing three percent (3.2%) of total HFP enrollment.
- This was consistent with 2009-10, when there were 28,562 active cases, also representing three percent (3.3%) of total HFP enrollment.
- Five health plans referred more than three percent of HFP enrolled children to CCS. They were:
 - CenCal Health;
 - Health Net HMO;
 - Alameda Alliance for Health;
 - Ventura County Health Care Plan; and,
 - Health Plan of San Mateo
- One dental plan, Health Net Dental, referred the most children (6.6%) to CCS. While the referral rate was the highest of any plan, 96 percent of Health Net Dental's referrals were also accepted by CCS (Appendix B).

CCS Expenditures

Chart 3. Average Annual Expenditure by Program, 2010-2011

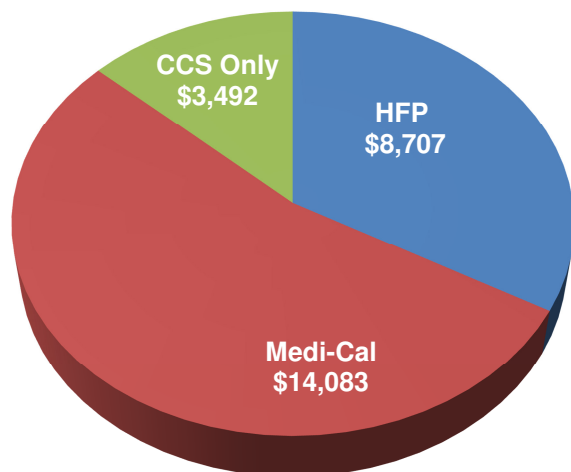
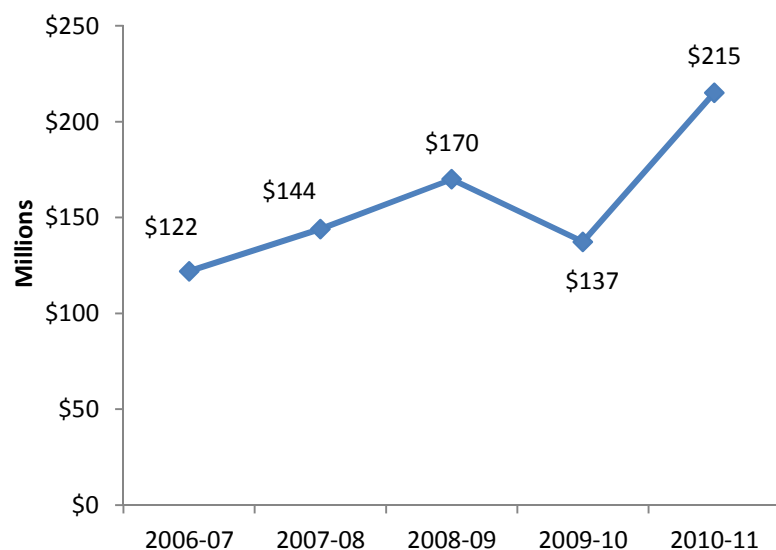


Chart 4. Total Expenditures, 2006 - 2011

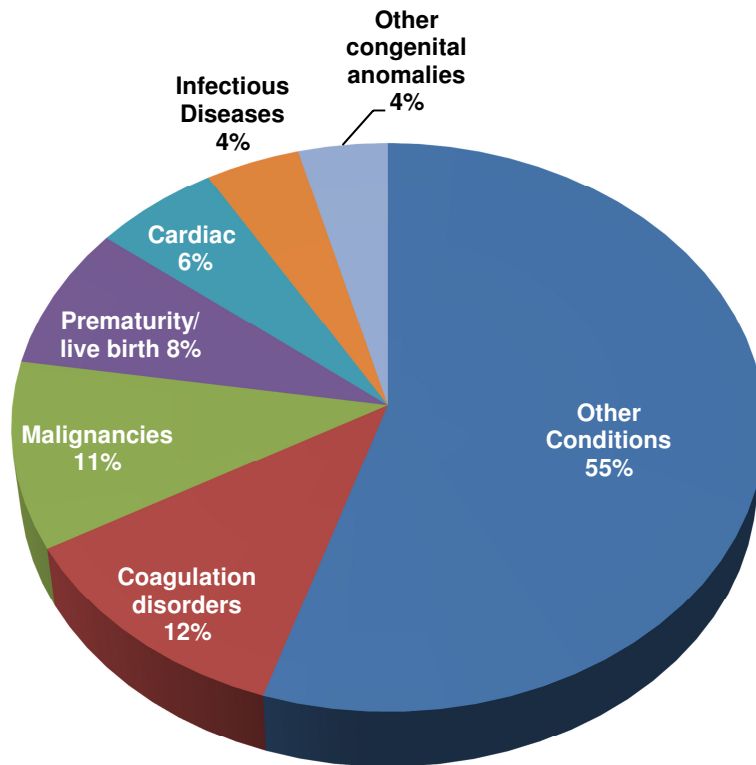


Key Findings

- CCS has expended over \$1 billion on services since 2000, which would have been incurred by HFP plans if not for the CCS carve out.
- HFP accounts for approximately 13 percent of total CCS caseload each month.
- The average annual cost per active case for HFP children was \$8,707, which is more than double the cost for children receiving CCS services only. However, this is nearly half the cost of those enrolled in Med-Cal.
- Annual expenditures for HFP children receiving services from CCS increased from \$137 million in 2009-10 to \$215 million dollars in 2010-11, an increase of 57 percent.
- Expenditures increased for all services types as follows (Appendix C):
 - Expenditures for Other (miscellaneous) increased nearly 50 percent in 2010-11 from \$2.5 million to \$15 million;
 - Pharmaceuticals increased 77 percent from \$24 million to \$42 million;
 - Outpatient services increased 61 percent from \$6 million to \$9 million; and,
 - Inpatient services increased 60 percent from \$59 million to \$94 million.
- Medical/Physician services increased by 17 percent from \$46 million to \$55 million.

Expenditures by Medical Condition

Chart 5. Expenditures by Medical Condition



Key Findings

- As in prior years, the following CCS medical conditions continue to account for the highest expenditures:
 - Other Conditions accounted for 55 percent of expenditures and includes all medical conditions identified in the ICD-9-CM summary of medical conditions that do not belong in a listed category. It also includes conditions with smaller expenditures such as asthma, diabetes, metabolic disorders, anemias and immune disorders;
 - Coagulation disorders, including conditions such as hemophilia, accounted for 12 percent of expenditures;
 - Malignancies, including various types of cancer, accounted for 11 percent of expenditures;
 - Prematurity/live birth accounted for 8 percent of expenditures;
 - Cardiac, including a range of congenital heart problems and diseases of the heart, represented six percent of total expenditures;
 - Infectious Diseases, such as those involving the central nervous system, bone, or eye and that lead to physical disabilities or blindness accounted for four percent of expenditures; and,
 - Other Congenital Anomalies, including health problems present at birth such as spina bifida, cleft palate, and cardiac conditions, represented four percent of expenditures.

Appendix A. Age and Status of HFP Children Referred to CCS and Total HFP/CCS Cases

Benefit Year 2010-11	Referrals by Age							Status of Plan Referrals								
	Under age 1	1-2 years	3-5 years	6-9 years	10-13 years	14-18 years	Total	Accepted		Denied		Pending		Total	Family Refused Referral	Active CCS/HFP Cases
								#	%	#	%	#	%			
Health Plans																
Alameda Alliance for Health	8	12	28	40	34	25	147	71	48%	76	52%	0	0%	147	0	418
Anthem Blue Cross (EPO)	117	85	136	118	176	380	1,012	563	56%	129	13%	320	32%	1,012	0	563
Anthem Blue Cross (HMO)	248	61	84	89	130	267	879	521	59%	170	19%	188	21%	879	0	521
Blue Shield (EPO)	2	13	21	36	51	54	177	100	56%	44	25%	33	19%	177	0	110
Blue Shield (HMO)	16	29	70	115	106	150	486	235	48%	158	33%	93	19%	486	0	827
Cal Optima for Kids	19	65	147	311	486	781	1,809	1,627	90%	96	5%	86	5%	1,809	0	1,080
Care 1st Health Plan	0	2	3	3	6	20	34	15	44%	16	47%	3	9%	34	0	15
Central Coast Alliance for Health	3	17	17	32	20	63	152	95	63%	1	1%	56	37%	152	0	199
CenCal Health	4	2	11	14	14	34	79	60	76%	18	23%	1	1%	79	0	431
Community Health Group	16	60	100	159	210	293	838	598	71%	223	27%	15	2%	838	2	598
Community Health Plan	0	0	0	2	5	7	14	12	86%	2	14%	0	0%	14	0	246
Contra Costa Health Services	0	3	4	5	6	7	25	18	72%	5	20%	0	0%	25	2	81
Health Net (EPO)	0	2	4	3	4	17	30	19	63%	3	10%	8	27%	30	0	35
Health Net (HMO)	130	151	167	250	472	574	1,744	1,409	81%	229	13%	106	6%	1,744	0	5,407
Health Plan of San Joaquin	7	26	51	100	91	134	409	287	70%	112	27%	7	2%	409	3	58
Health Plan of San Mateo	0	1	9	41	51	86	188	188	100%	0	0%	0	0%	188	0	179
Inland Empire Health Plan	16	199	273	489	723	997	2,697	2,654	98%	9	0%	34	1%	2,697	0	1,205
Kaiser Foundation Health Plan	110	138	241	321	506	778	2,094	1,616	77%	391	19%	87	4%	2,094	0	3,408
Kern Family Health Care	11	21	41	73	84	113	343	326	95%	8	2%	9	3%	343	0	90
LA Care	1	0	4	1	4	4	14	10	71%	4	29%	0	0%	14	0	99
Molina Healthcare	11	36	61	97	99	239	543	342	63%	200	37%	1	0%	543	0	543
Partnership Health Plan	0	0	0	0	0	0	0	0	N/A	0	N/A	0	N/A	0	0	0
San Francisco Health Plan	0	2	16	25	24	87	154	153	99%	0	0%	0	0%	154	1	152
Santa Clara Family Health Plan	0	9	37	37	47	78	208	187	90%	10	5%	11	5%	208	0	194
Ventura County Health Care Plan	11	34	63	101	112	153	474	349	74%	107	23%	18	4%	474	0	349
Dental Plans																
Access Dental	0	0	0	0	23	24	47	20	43%	4	9%	23	49%	47	0	N/A
Delta Dental	0	0	0	0	11	31	42	28	67%	1	2%	13	31%	42	0	69
Health Net Dental	0	0	0	77	180	595	852	817	96%	17	2%	14	2%	852	4	9,971
Premier Access Dental	0	0	0	0	3	0	3	0	0%	1	33%	2	67%	3	0	N/A
Safeguard Dental	0	0	0	7	201	439	647	562	87%	79	12%	6	1%	647	0	562
Western Dental Services	0	0	0	4	212	442	658	651	99%	6	1%	1	0%	658		586
Total CCS/HFP Cases	730	968	1,588	2,550	4,091	6,872	16,799	13,533	81%	2,119	13%	1,135	7%	16,799	12	27,996

Appendix B. Expenditures by Medical Condition

Medical Condition (as coded on claim)	2009-10	2010-11	Percent Change
Other conditions	\$39,937,681	\$62,423,325	56%
Coagulation disorders	\$18,294,343	\$25,618,377	40%
Malignancies	\$11,981,341	\$22,763,151	90%
Prematurity/live birth	\$10,972,037	\$17,550,817	60%
Cardiac	\$7,330,141	\$12,577,012	72%
Infectious Diseases	\$6,822,030	\$9,438,514	38%
Other congenital anomalies	\$5,400,424	\$8,903,627	65%
Other trauma	\$4,790,448	\$6,523,140	36%
Gastrointestinal	\$5,233,476	\$6,217,907	19%
Scoliosis	\$3,616,176	\$5,721,437	58%
Other fractures	\$3,931,788	\$5,617,717	43%
Diabetes	\$2,980,355	\$4,762,798	60%
Renal	\$2,174,157	\$3,599,108	66%
Head injury/skull fracture	\$1,478,770	\$2,980,634	102%
ENT	\$2,208,870	\$2,839,469	29%
Cystic fibrosis	\$1,261,426	\$2,582,965	105%
Anemias	\$545,277	\$2,578,204	373%
Metabolic disorders	\$1,407,709	\$2,065,252	47%
Ophthalmology	\$1,163,174	\$1,657,415	42%
Hemoglobinopathies	\$382,754	\$1,648,782	331%
Connective tissue disorders	\$1,267,244	\$1,521,472	20%
Pituitary disorders	\$842,229	\$1,262,423	50%
Cleft palate/lip	\$668,105	\$943,066	41%
Cerebral palsy	\$450,661	\$732,454	63%
Immune disorders	\$848,858	\$620,116	-27%
Thyroid disorders	\$357,910	\$600,434	68%
Spina bifida	\$490,816	\$568,569	16%
Asthma	\$243,564	\$421,870	73%
Myopathies	\$266,819	\$320,735	20%
Total	\$137,348,583	\$215,060,790	57%

Appendix C. 2010-11 HFP/CCS Expenditures by Service Type

CCS Service Type	Benefit Year 2009-10		Benefit Year 2010-11		% Increase or Decrease from Prior Year
	Expenditures	Percent	Expenditures	Percent	
Pharmaceuticals	\$23,753,700	17%	\$42,038,059	20%	77%
NDC Billing	\$21,896,153	92%	\$38,356,042	91%	
MD Injections	\$1,857,547	8%	\$3,682,017	9%	
Inpatient	\$58,985,008	43%	\$94,437,458	44%	60%
Outpatient	\$5,463,469	4%	\$8,804,016	4%	61%
Medical Supplies	\$962,646	18%	\$1,485,074	17%	
DME	\$1,467,676	27%	\$2,358,288	27%	
Prosthetics & Orthotics	\$812,489	15%	\$1,451,095	16%	
SCC services	\$1,138,528	21%	\$1,869,254	21%	
Hospital OP	\$1,082,130	20%	\$1,640,305	19%	
Medical/Physician	\$46,615,223	34%	\$54,644,621	25%	17%
Physician Services	\$16,881,960	36%	\$25,905,634	47%	
Blood Factor	\$27,814,126	60%	\$26,164,084	48%	
Audiology	\$1,734,223	4%	\$2,270,315	4%	
Therapies (OT & PT)	\$184,914	0%	\$304,588	1%	
Other Services	\$2,531,183	2%	\$15,136,636	7%	498%
Total	\$137,348,583	100%	\$215,060,790	100%	

Appendix D. Healthy Families Expenditures by County, 2010-11

County	Expenditure Amount	County	Expenditure Amount
ALAMEDA	\$6,892,782	ORANGE	\$16,065,181
AMADOR	\$133,865	PLACER	\$1,291,341
BUTTE	\$808,472	PLUMAS	\$37,580
CALAVERAS	\$146,478	RIVERSIDE	\$12,534,001
COLUSA	\$231,046	SACRAMENTO	\$5,898,150
CONTRA COSTA	\$3,210,097	SAN BENITO	\$484,827
DEL NORTE	\$264,433	SAN BERNARDINO	\$12,409,319
EL DORADO	\$598,419	SAN DIEGO	\$22,758,659
FRESNO	\$5,743,223	SAN FRANCISCO	\$1,627,792
GLENN	\$372,198	SAN JOAQUIN	\$3,924,517
HUMBOLDT	\$670,216	SAN LUIS OBISPO	\$929,444
IMPERIAL	\$1,408,774	SAN MATEO	\$1,849,394
INYO	\$30,086	SANTA BARBARA	\$1,521,498
KERN	\$6,295,745	SANTA CLARA	\$5,119,740
KINGS	\$536,846	SANTA CRUZ	\$1,532,117
LAKE	\$459,368	SHASTA	\$754,516
LASSEN	\$65,150	SISKIYOU	\$47,008
LOS ANGELES	\$71,720,365	SOLANO	\$530,654
MADERA	\$1,340,079	SONOMA	\$1,914,906
MARIN	\$362,589	STANISLAUS	\$2,726,132
MARIPOSA	\$259,590	SUTTER	\$982,555
MENDOCINO	\$833,073	TEHAMA	\$248,558
MERCED	\$2,287,838	TRINITY	\$121,854
MODOC	\$9,085	TULARE	\$2,924,438
MONO	\$14,102	TUOLUMNE	\$173,461
MONTEREY	\$5,603,094	VENTURA	\$4,021,541
NAPA	\$837,428	YOLO	\$523,803
NEVADA	\$555,993	YUBA	\$417,373
		TOTAL	\$215,060,790

Appendix E. Data Sources

Data Sources

HFP contracted health and dental plans are required to submit data to MRMIB annually on the number of HFP children referred to CCS by the plan. Plans also report the total number of children in the plan who is receiving services from CCS as of the end of the benefit year.

The DHCS CCS Program provides annual cost and condition data to MRMIB for each of the HFP children receiving CCS services. DHCS also reports monthly enrollment of HFP subscribers in the CCS program.

Data Limitations

There are several challenges to collecting and reporting on the services received by HFP children from the CCS program, including:

- A child could be counted as an active CCS case under the health, dental and vision plan, resulting in a child being counted multiple times.
- Expenditure data is based on payment of claims. There is often a lag between the time a referral is made and claims are submitted. This can result in a referral showing up in one benefit year and the claim and expenditure data for this child being reported in the subsequent benefit year.